

Provider Communication

Subject: Pharmacy PDL Changes - Clarinex Syrup	Priority: High
Date: January 21, 2005	Message ID: ACSBNR01212005_2

Dear Provider:

**MEDICAID/PEACHCARE PREFERRED DRUG LIST UPDATE- LOW
SEDATING ANTIHISTAMINES**

Clarinex is now available in a syrup dosage form (0.5mg/ml). Clarinex Syrup is preferred for patients less than (2) years of age.

NEW GMAC SUSPENSIONS

Effective 12/29/04, the GMAC for generic for Ovrall has been temporarily suspended due to a supply shortage in the marketplace.

NEW GMAC PRICE INCREASES

Effective 1/11/05, the following hydralazine products have a GMAC price increase as noted.

- Hydralazine tablets 10mg .0354
- Hydralazine tablets 25mg .3085
- Hydralazine tablets 50mg .3940
- Hydralazine tablets 100mg .7208

NEW LABELER

Perrigo Pharmaceuticals Company (Labeler Code 10768)

Effective 4/01/2005

SHBP/BOR - NEW PREFERRED DRUG LIST ADDITIONS

- Effective 11/01/04, Vytorin was added to the SHBP Premier and BOR Preferred Drug List.
- Effective 1/01/05, Protonix was added to the SHBP Premier and BOR Preferred Drug List.

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. If you have additional questions or concerns regarding this notification, please contact Etta Hawkins or Pat Zeigler-Jeter at (404) 656-4044.

Sincerely,

Division of Medical Assistance

Department of Community Health